

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Michael Shawn Brown

FILED

JUN 06 2022

U.S. DISTRICT COURT-WVND
MARTINSBURG, WV 25401

MICHAEL SHAWN BROWN
Your full name

FEDERAL TORTS CLAIM ACT
COMPLAINT

v.

Civil Action No.: 3:22cv101
(To be assigned by the Clerk of Court)

UNITED STATES OF AMERICA

Groh/Trumble/Sims

I. JURISDICTION

The Court has jurisdiction over this action pursuant to: Title 28 U.S.C. Section 2671, et seq. (FTCA) and Title 28 U.S.C. Section 1346(b)(1).

II. PLAINTIFF

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your full name: MICHAEL SHAWN BROWN Inmate No.: 55524-056
Address: Federal Correctional Institution - Gilmer
P.O. Box 6000, Glenville WV 26351

III. PLACE OF PRESENT CONFINEMENT

Name of

Prison/Institution: Federal correctional Institution - Gilmer

A. Is this where the events concerning your complaint took place?

☐ Yes ☒ No

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If you answered "NO," where did the events occur?

Federal Correctional Institution - Fort Dix (New -
Jersey).IV. PREVIOUS LAWSUITSA. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): NA
Defendant(s): NA
NA2. Court: NA
(If federal court, name the district; if state court, name the county)3. Case Number: NA4. Basic Claim Made/Issues Raised: NA
NA
NA
NA5. Name of Judge(s) to whom case was assigned: NA
NA6. Disposition: NA
(For example, was the case dismissed? Appealed? Pending?)7. Approximate date of filing lawsuit: NA

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8. Approximate date of disposition. Attach copies: NA
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B? NA
☐ Yes ☐ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought. NA
NA
NA
NA
- E. Did you exhaust ALL available administrative remedies? NA
☐ Yes ☐ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted. NA
NA
NA
NA
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

Plaintiff(s): NA

Defendant(s): NA

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2. Name and location of court and case number: NA
NA
NA
3. Grounds for dismissal: ☐ frivolous ☐ malicious ☐ failure to state a claim upon which relief may be granted NA
4. Approximate date of filing lawsuit: NA
5. Approximate date of disposition: NA

V. ADMINISTRATIVE REMEDIES PURSUANT TO THE FTCA

- A. Did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim, with the appropriate BOP Regional Office?
☒ Yes ☐ No

- B. If your answer is "YES," answer the questions below:

1. Identify the type of written claim you filed: Intentional Tort of infliction of Emotional distress and Negligence.
2. Date your claim was filed: October 7, 2020 see Appendix at 1
3. Amount of monetary damages you requested in your claim:
\$10,000,000.00 see Appendix at 1
4. If you received a written Acknowledgment of receipt of your claim from the BOP, state the:
- I. Date of the written acknowledgment: November 10, 2021 ^{- see Appendix at 1}
- ii. Claim Number assigned to your claim: TRT-NER-2021-01303

- C. If your claim involves individuals who are employed by government agencies **other than the BOP**, did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim with the appropriate government agencies? ☒ Yes ☐ No

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D. If your answer is "YES," answer the questions below:

1. Identify the specific government agency or agencies, including the addresses, where you filed notice of your claim:
USDOJ-FBOP Northeast Regional Office, U.S. Custom House-7th Floor, 2nd and Chestnut Street, Philadelphia, PA 19106,

2. Identify the type of written claim(s) you filed: Intentional Tort of Infliction of Emotional Distress and Negligence,

3. Date your claim(s) were filed: October 7, 2020 see Appendix at 1
4. Amount of monetary damages you requested in your claim(s):
\$10,000,000.00 see Appendix at 1
5. If you received a written Acknowledgment of receipt of your claim(s), state the:

- see Appendix at 1

 - I. Date of the written Acknowledgment: November 10, 2021
 - ii. Claim Number assigned to your claim: TRT-NER-2021-01303

E. If the BOP (or other government agency that received notice of your claim) either denied your claim or offered you a settlement that you did not accept, please state whether you requested reconsideration of your claim.

☒ Yes ☐ No see Appendix at 4 through 10.

1. If you answered "YES," state the:

- I. Date you requested reconsideration: December 1, 2021
- ii. Date the agency acknowledged receipt of your request for reconsideration: December 7, 2021
See Appendix at 2 and 3,

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VI. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. You must include allegations of specific wrongful conduct as to **EACH** and **EVERY** federal employee about whom you are complaining. Describe exactly what each federal employee did. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) LEGIBLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: Intentional Tort of Infliction of Emotional Distress and Negligence

Supporting Facts: See Attached Pages 1 through 3

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

Lieutenant Evans - USDOJ - FBOP - FCI - Fort Dix New Jersey, and approximately 10 unknown officers, USDOJ - FBOP Fort Dix New Jersey,

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," please explain: Lieutenant Evans and the 10 unknown officers were "all" acting within the scope of their official duties at the time this claim occurred, they all acted within the scope of their office of Employment.

CLAIM 2: Negligence

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Supporting Facts: See Attached pages 3 through 6

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

Lieutenant Evans - USDOJ, FBOP Fort Dix New Jersey, and
Approximately 10 unknown officers, USDOJ - FBOP - Fort Dix New
Jersey.

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," please explain: Lieutenant Evans and the 10
unknown officers were "all" acting within the scope of their official
duties at the time this claim occurred. They all acted within the scope
of their office of Employment.

CLAIM 3: NASupporting Facts: NA

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

NA

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

NA

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If your answer is "YES," please explain: NA

CLAIM 4: NA

Supporting Facts: NA

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

NA

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," please explain: NA

CLAIM 5: NA

Supporting Facts: NA

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Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

NA

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," please explain: NA

VII. INJURY

Describe **BRIEFLY and SPECIFICALLY** how you have been injured or your property damaged and the exact nature of your damages. See Attached pages 6 and 7.

VIII. RELIEF

State **BRIEFLY and EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes:

Trial by Jury and
Compensatory Damages in the amount of \$10,000,000.00
(Ten million dollars) to be awarded to Michael Shawn Brown;
Appointment of Counsel.

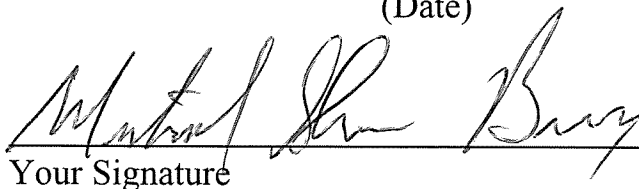
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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Federal Correctional Institution-Gilmer on June 2, 2022.
(Location) (Date)


Your Signature